

Case Number:	CM15-0147018		
Date Assigned:	08/10/2015	Date of Injury:	03/01/2013
Decision Date:	09/11/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on 3-1-13. She reported pain in her neck, mid and low back, bilateral shoulders, bilateral knees and bilateral upper extremities related to continuous trauma. The injured worker was diagnosed as having cervical strain, thoracic strain, lumbosacral strain, right shoulder subacromial bursitis and impingement, bilateral wrist tendinitis and bilateral cubital tunnel syndrome. Treatment to date has included a right shoulder joint injection on 9-9-14 with minimal relief, acupuncture, aquatic therapy with some benefit, Norco, Anaprox and Sonata. As of the PR2 dated 6-22-15, the injured worker reports pain in her neck, back, bilateral wrists and knees. The treating physician noted a positive Tinel's sign in the bilateral wrists, limited range of motion in the cervical and lumbar spine and tenderness in the medial joints of the bilateral knees. On 6-26-15 the treating physician noted that the injured worker's husband was assisting with the injured worker's personal care. The treating physician requested ancillary home assistance services.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ancillary home assistance service: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206, Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Home health care Page(s): 51.

Decision rationale: The IW is a 58 y.o. woman who injured her cervical, thoracic, lumbar, bilateral shoulders, arms and wrist in an industrial injury on 3/1/2013. The current request is for ancillary home assistance service. She was diagnosed with strains of the neck and back, right shoulder subacromial bursitis and impingement, bilateral cubital tunnel syndrome and bilateral wrist tendinitis. She has been treated with medication, a shoulder injection, therapy, and acupuncture. Physical exam demonstrated positive axial compression test, pain to palpation, Cozen's and reverse Cozen's were negative. Part of the treatment plan was to provide home health assistance four hours a day, three days a week for one year to help with activity of daily living assistance. Because the IW will need a significant amount of help at home, a home health aide was requested. CA MTUS page 51 has the following regarding home health services: "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The request under review is for an indefinite period of time. The CA MTUS does not support authorization of services for an indefinite time. The requested service is not medically necessary.